

01-11-02

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	71189-1383
First Inventor	GARY A. KASPER ET AL.
Title	PROTECTANT APPLICATION
Express Mail Label No.	EI 992 961 664 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 31]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table,
or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 19]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 4]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|---|---|

ACCOMPANYING APPLICATION PARTS

- | |
|---|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee) |
| 11. <input type="checkbox"/> English Translation Document (if applicable) |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS
Citations (16 refs.) |
| 13. <input type="checkbox"/> Preliminary Amendment |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent. |
| 17. <input type="checkbox"/> Other: |

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

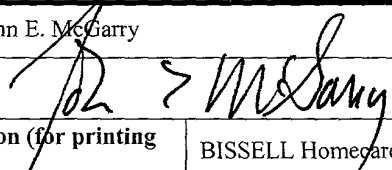
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____
Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **20915** or ☐ Correspondence address below

FIRM	McGARRY BAIR LLP				
NAME	John E. McGarry, Reg. No. 22,360				
ADDRESS	171 Monroe Avenue, NW, Suite 600				
CITY	Grand Rapids	State	Michigan	Zip Code	49503
COUNTRY	US	TELEPHONE	616-742-3500	FAX	616-742-1010

Name (Print/Type)	John E. McGarry	Registration No. (Attorney/Agent)	Reg. No. 22,360
Signature		Date	January 9, 2002

20. Assignee Information (for printing on face of publication) BISELL Homecare, Inc.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL**for FY 2002***Patent fees are subject to annual revision.***Complete if Known**

TOTAL AMOUNT OF PAYMENT		(\$)		1,596
Application Number				
Filing Date				
First Named Inventor		GARY A. KASPER ET AL.		
Examiner Name				
Group Art Unit				
Attorney Docket No.		71189-1383		

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 50-2003

Deposit Account Name: McGarry Bair LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ **Payment Enclosed:**

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$ 740)**2. EXTRA CLAIM FEES**

		Claims		below	Fee Paid
Total Claims	56	-20**= 36	X	18	= 648
Independent Claims	5	-3**= 2	X	84	= 168
Multiple Dependent					=

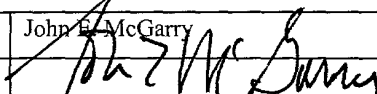
**or number previously paid, if greater; For Reissues, see below.

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 816)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(a)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify).....					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$ 40.00)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	John E. McGarry	Registration No. (Attorney/Agent)	Reg. No. 22,360	Telephone	(616) 742-3500
Signature		Date	1/9/2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: GARY A. KASPER ET AL.

For: PROTECTANT APPLICATION

Docket No. 71189-1383

Commissioner for Patents
Washington, D.C. 20231

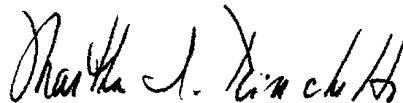
"Express Mail" Mailing Label No.: EI 992 961 664 US

Date of Deposit: January 9, 2002

Sir:

I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.

Dated: January 9, 2002



Martha I. Rinchetti
McGARRY BAIR LLP
171 Monroe Avenue, N.W., Suite 600
Grand Rapids, Michigan 49503
(616) 742-3500

G0060429.DOC

20050109 09:24:00